



CALIFORNIA DEPARTMENT OF
Mental Health

Audits Section – Bay and Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

January 25, 2008

Michael Oprendeck, Director
Solano County Health and Social Services
275 Beck Avenue, MS 5-250
Fairfield, CA 94533-6804

Dear Mr. Oprendeck:

AUDIT REPORT – SOLANO COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Solano County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

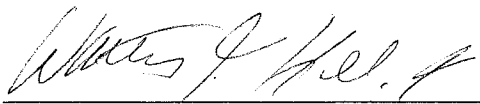
The effect of this revised allowable program costs is as follows:

		<u>Settled</u>	<u>Net Program Costs</u> <u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$	10,917,467	\$ 10,006,058	\$ (911,409)
Federal Share of Healthy Families/Medi-Cal	\$	74,936	\$ 70,835	\$ (4,101)
State General Funds EPSDT Due State	\$	3,833,231	\$ 3,507,362	\$ (325,869)

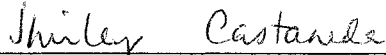
Michael Orendek, Director
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If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,



WALTER J. HILL, JR., MBA, EA
Chief of Audits



SHIRLEY CASTANEDA, Supervisor
Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 7,788,674	\$ (645,781)	\$ 7,142,893
HEALTHY FAMILIES - FFP		<u>73,902</u>	<u>(4,078)</u>	<u>69,824</u>
TOTAL FFP - COUNTY PROVIDER		<u>\$ 7,862,576</u>	<u>\$ (649,859)</u>	<u>\$ 7,212,717</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 3,128,793	\$ (265,628)	\$ 2,863,165
HEALTHY FAMILIES - FFP		<u>1,034</u>	<u>(23)</u>	<u>1,011</u>
TOTAL FFP - CONTRACT PROVIDER		<u>\$ 3,129,827</u>	<u>\$ (265,651)</u>	<u>\$ 2,864,176</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 10,917,467	\$ (911,409)	\$ 10,006,058
HEALTHY FAMILIES - FFP		<u>74,936</u>	<u>(4,101)</u>	<u>70,835</u>
TOTAL FFP		<u>\$ 10,992,403</u>	<u>\$ (915,510)</u>	<u>\$ 10,076,893</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	\$ <u>3,833,231</u>	\$ <u>(325,869)</u>	\$ <u>3,507,362</u>

SCHEDULE 2

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	12,059,845	(917,280)	11,142,565
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	35,019	(3,728)	31,291
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	108,781	(11,578)	97,203
9. Total		<u>\$ 12,203,645</u>	<u>\$ (932,586)</u>	<u>\$ 11,271,059</u>

Less: Patient & Other Payor Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	0	81,175	81,175
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 81,175</u>	<u>\$ 81,175</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	12,094,864	(1,002,183)	11,092,681
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	108,781	(11,578)	97,203
25. Total		<u>\$ 12,203,645</u>	<u>\$ (1,013,761)</u>	<u>\$ 11,189,884</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

SCHEDULE 2a

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		Audit		
		As Settled	Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 2,726,968	\$ (184,205)	\$ 2,542,763
38. Medi-Cal Administration	(MH 1979, Ln 5)	<u>\$ 2,649,174</u>	<u>\$ (439,517)</u>	<u>\$ 2,209,657</u>
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 2,649,174</u>	<u>\$ (439,517)</u>	<u>\$ 2,209,657</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 11,037	\$ (1,161)	\$ 9,876
41. Healthy Families Administration	(MH1979, Ln 9)	<u>\$ 4,500</u>	<u>\$ 14,722</u>	<u>\$ 19,222</u>
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 4,500</u>	<u>\$ 5,376</u>	<u>\$ 9,876</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	<u>\$ 113,583</u>	<u>\$ 8,715</u>	<u>\$ 122,298</u>
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 265,901</u>	<u>\$ 184,464</u>	<u>\$ 450,365</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 6,223,180	\$ (522,367)	\$ 5,700,813
46. Enhanced (Children)	(MH1979, Ln 17,17A)	22,769	(2,423)	20,346
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	1,324,587	(219,759)	1,104,829
50. U.R. Skilled Professional	(MH1979, Ln 14)	85,187	6,537	91,724
51. U.R. Other	(MH1979, Ln 15)	132,951	92,232	225,183
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 7,788,674</u>	<u>\$ (645,781)</u>	<u>\$ 7,142,893</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	<u>0</u>	<u>0</u>	<u>0</u>

56. Total SD/MC Reimbursement - FFP		<u>\$ 7,788,674</u>	<u>\$ (645,781)</u>	<u>\$ 7,142,893</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 70,966	\$ (7,586)	\$ 63,380
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	<u>2,936</u>	<u>3,508</u>	<u>6,444</u>
60. Total Healthy Families Reimbursement - FFP		<u>\$ 73,902</u>	<u>\$ (4,078)</u>	<u>\$ 69,824</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 7,862,576</u>	<u>\$ (649,859)</u>	<u>\$ 7,212,717</u>
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(To Sch. 1)

[illegible]

[illegible]

(To Sch. 1)

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	18,179,785	(1,308,995)	16,870,790
(2) Total SD/MC Claims	18,421,425	0	18,421,425
(3) Percent % (Line 1/Line 2)	98.69%	-7.11%	91.58%
(4) EPSDT Claims	9,503,232	0	9,503,232
(5a) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	9,378,740	(675,448)	8,703,291
(5b) Children's Outpatient Managed Care Expenditure	246,592		246,592
(6) Cost Settled Baseline for EPSDT	1,590,265	0	1,590,265
(7) Net Cost Settlement Amount (Line 5a - Line 6)	7,788,475	(675,448)	7,113,026
(7a) Net Children's Outpatient (5b)-(7a)	246,592		246,592
(7b) Cost settlement amount (7) + (7a) = (7b)	8,035,067		7,359,618
(8) 48.64% of Net Cost Settlement Amount (Line 7 x 48.64%)	3,901,828	(322,110)	3,579,718
(8a) 48.64% of net cost (8) (FY 2001-02 EPSDT settlement)	3,215,851		2,856,159
(8b) Annual Local Growth (8) - (8a) = (8b)	685,977		723,559
(9) County Match 10% of Local Growth (8b) x 10% = (9)	68,598	3,758	72,356
(10) Net cost sttlement amount (8) - (9) = (10)	3,833,231	(325,868)	3,507,362
(11) Distribution (Setted and Audited)	3,833,231		3,833,231
(12) SGF due State	<u>0</u>	<u>(325,868)</u>	<u>(325,868)</u> (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

**FINDING No. 1 – CONTRACT PROVIDER COST REPORTS NOT
CONSISTENT WITH PROVIDERS' SUPPORTING DOCUMENTATION**

For this fiscal year, we audited one of Solano County's contract providers, specifically, Caminar Inc. (LE 00147).

Our field audit revealed that Solano County prepared the State cost reports for all its contract provider legal entities. It was found that the County did not report all of the mental health expenditures according to the contractor's accounting records. Necessary adjustments were made to agree with the providers' documentation and general ledger.

AUDIT AUTHORITY

- 42 Code of Federal Regulation (CFR) Sections 413.20 & 413.24
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- Fiscal Year 2002-03 Cost and Financial Reporting System (CFRS) Instruction Manual
- California Code of Regulations (CCR), Title 9, Section 640

RECOMMENDATION

We recommend that the County review the above cited audit authorities and that it report costs that matched the contractor's records. The County should refer to the cost report instruction manual which states that the mental health expenditures should report total gross expenditures of the contractor's trial balance. We also recommend that the County, on behalf of its providers, exercise due care in the preparation of the cost reports. This will ensure accuracy and reliability of the reported information.

AUDITEE'S RESPONSE

Management has developed a training program with the help of the training material from the Department of Mental Health, outside consultant and internal fiscal resources to ensure that contractors file their cost reports properly in the future. We will evaluate our training program to add operational training on billing, coding, and cost reporting to ensure that all units of services and all contractor costs are properly reported in any future cost report filings. We will also do random audits of our contractors to assure that only Medi-Cal program costs will be reimbursed. Because of the inherent limitations of any system of accounting, errors and irregularities are not always fully prevented but we will be reviewing any potential weaknesses in our review process and will implement as practical

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

to assure we are in full compliance with the Short-Doyle cost reporting requirements.

FINDING No. 2 - RECLASSIFICATION OF BOARD AND CARE COSTS FOR CAMINAR INC.

Our examination disclosed that the cost report submitted by Caminar to the County included a reclassification of Board and Care costs of \$226,855 to support services (Mode 60, Service Function 40). However, the cost report submitted by the County to the State Department of Mental Health on behalf of Caminar did not include this reclassification. Instead, all of the costs of Caminar were reported as attributable to the treatment program. The County could not provide documentation to support why the reclassification was eliminated from the cost report submitted to the State.

Listed below are a number of documents that contain requirements that states "Board and Care costs must be removed from treatment modes and reclassified to Mode 60, Service Function 40. After review of the records submitted by Caminar, the audit reclassified \$226,855 in Board and Care costs to the Support Services program in accordance with the following:

1. California Administration Code, Title 9, Section 1840.312 which states in part as follows:

"The following services are not eligible for FFP

(a) Board and care means receipt of board, room, personal care and designated supplemental services related to individual needs..

(e) Board and Care costs for adult residential treatment services, crisis residential treatment services, and Psychiatric Health Facility Services."
2. Department of Mental Health Policy Letter No. 94-15 on cost report settlement policy, which states in part:

"Enclosure 1a, item 3 states that the board and care portion of residential program costs is not Medi-cal reimbursable. This change in policy is effective Fiscal Year 1993-94.
3. Rehabilitation Option Manual stipulates that Board and Care costs are not included in the SD/MC reimbursable rate.
4. Non-reimbursable activities under Rehabilitation Option Manual include Board and Care costs for Adult Residential Treatment Services and Crisis Residential Treatment Services.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

FINDING No. 2 contd.

5. Excerpts from the State Department of Social Services manual of Policies and Procedures, General Licensing Requirements (Title 22, Division 6, Chapter 1) defining the following: (1) "community care facility", (2) "basic rate", (3) "basic services", (4) "care and supervision", (5) "social rehabilitation facility".
 6. Letter from John Rodriguez, Deputy Director of Medical Care Services, to Mr. Lawrence L. McDonough, Associate Regional Administrator for Health Care Financing Administration – Division of Medicaid.
 - This letter concerns a State Plan Amendment describing the policy and method used by the State to determine reimbursement for Short-Doyle/Medi-Cal (SD/MC) services. Item No.3 on page four of rates for adult residential services and adult crisis residential services. About half way through paragraph three is the following statement:

"Costs related to basic board and care, supervision, recreation, socialization, transportation, academic and work training, and other unallowable activities were excluded from the rate calculations."
- This letter further supports the Department's adjustment eliminating those kinds of costs from the treatment program.

RECOMMENDATION

We recommend that the County review and comply with the above-cited audit authorities, and report actual cost information to agree with its contractor's records. The cost report must adhere to the regulatory requirements, and all supporting documentation utilized in identifying the board and care costs must be properly kept and readily available for review.

AUDITEE'S RESPONSE

Caminar has been working with the State audit staff through a site visit and subsequent meetings to identify the areas of disagreement and concerns to properly determine allocations of expenses to Board and Care which is an issue under appeal for the Fiscal Year 2001-02.

Our goal is to work with DMH and the Auditor's to develop a standard to carve out the Board and Care component that is equitable and consistent.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

FINDING No. 3 – UNREPORTED PATIENT AND OTHER PAYOR REVENUES

Our review disclosed unreported Patient and Other Payor Revenues per the cost report MH 1968 form lines 12 and 12A. These are the patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received in providing the Medi-Cal services. There were no Inpatient-Patient and Other Payor Revenues noted in our review; however, adjustments were made to the Outpatient-Patient and Other Payor Revenues to reflect the provider's crossover revenues of \$81,175.

AUDIT AUTHORITY

- 42 Code of Federal Regulation (CFR) Sections 413.20 & 413.24
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- Fiscal Year 2002-03 Cost and Financial Reporting System (CFRS) Instruction Manual
- California Code of Regulations (CCR), Title 9, Section 640

RECOMMENDATION

We recommend that the County report any Patient and Other Payor Revenues in the SD/MC cost report. The revenues must be reported on an accrual basis. Failure to report the Patient and Other Payor Revenues overstate the provider's SD/MC Direct Service Gross Reimbursement.

AUDITEE'S RESPONSE

County's current process requires that both the County and the contractors report all patient and other payer revenues received in their SD/MC cost report in providing Medi-Cal Services.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

FINDING No. 4 – PAYMENTS TO CONTRACT PROVIDER

Our examination disclosed that the County reported \$9,481,485 total contract payments. This amount tied to County working papers furnished during our field audit. However, further review disclosed the detail vendor summary reported \$11,674,113 total contract payments.

The payments made to contractors should be eliminated on line 3 as the County's cost report identified cost information pertaining to the County. An exception will be those contract providers who provide only Fee for service (FFS) manage care outpatient consolidation costs.

The County furnished another working papers dated October 18, 2007 on payment to contract providers. The County stated that the County reversed \$2,133,616 prior year accruals that belong to prior year audit. However, total payments of \$3,063,532 pertained to the prior year was paid in the current period of audit. The Department concluded total contract payments of \$10,358,688. An audit adjustment of <\$877,203> was made.

AUDIT AUTHORITY

- 42 Code of Federal Regulation (CFR) Sections 413.20 & 413.24
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- Fiscal Year 2002-03 Cost and Financial Reporting System (CFRS) Instruction Manual
- California Code of Regulations (CCR), Title 9, Section 640

RECOMMENDATION

We recommend that the County should revisit the accounting system and provide internal control in order to correct the system in determining total contract payments. We also recommend that the County should exercise due care in the preparation of the cost report. All records utilized in the preparation of the SD/MC cost report must be properly kept and readily available for review. Supporting documentation must be properly labeled and have an audit trail. This will facilitate the completion of the audit in a timely manner.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

AUDITEE'S RESPONSE

The County's Financial Accounting was changed during Fiscal Year 2004-05 to no longer automatically reverse contract accrual entries. Furthermore the documentation now being produced will include detailed Workpapers to insure that Line 4 of the MH 1960 reflect JUST the Contract Providers payments for services in the Cost Report FY. For 2002-03 the Workpapers have been produced that tie to the General Ledger and document that amount on Line 4 of the MH 1960 should have been \$9,218,401 instead of \$9,481,485 in the original Cost Report.

FINDING No. 5 – MENTAL HEALTH COSTS TRANSFER TO SOCIAL SERVICES DEPARTMENT

Our examination disclosed that the cost report included \$1,139,572 of costs transferred from Social Services to Mental Health. Upon further investigation, we learned that the County had previously transferred \$1,074,106 of administrative costs from Mental Health's general ledger to Social Services-Public Assistance Unit. The additional costs of \$65,466 which was transferred from DSS and added to the County's mental health cost report could not be supported in the County's records. Therefore, an adjustment was made to eliminate these costs due to lack of adequate documentation.

Further inquiry was made on this transfer and on a County letter dated September 4, 2007 to the Department, the County stated that the Mental Health Department historically ran a deficit with no reserves for cost report settlements and paybacks. In the past, the County had a substantial County overmatch funds in order to prevent mental health program cuts, staffing cuts, and to try to balance their financial closings each year. A journal entry to reclassify Mental Health costs to Social Services was made to the Super Agencies Division that had a surplus, and therefore, hid the deficit problem of the Mental Health Services Division. This approach was chosen by the County's fiscal management team during this period of time for several years to balance the County's each fiscal year's budgets. As a result, County staff's added back on the cost report those mental health costs that were deducted.

The County also stated that a better approach would have been for the County to ask the Board of Supervisors to approve a request for a 10% transfer of realignment dollars from Social Services to Mental Health to make up for the deficit. Another alternative is to leave the deficit as shown on the general ledger and deal with the consequences.

The Department allowed these transfers to be added back on the cost report based on County's claim that Social Services department did not claim these costs for reimbursement from any other State, Federal or other payer resources.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

AUDIT AUTHORITY

- DMH Letter No: 94-01
- California Code Regulations, Title 9, Section 640;
- 42 Code of Federal Regulation (CFR) Section 413.24
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Sections 2300 & 2304

RECOMMENDATION

We recommend that the financial records of the Mental Health Department be accurate to reflect the actual costs of providing mental health services by the County. In this situation, there was a substantial amount of expenditures transferred from another County department (Social Services) to the Mental Health program that were identified as Administrative costs in the mental health program records. If costs are included in the Social Services records, there exists the possibility that Social Services could have received some financial benefits thus creating a duplicate reimbursement situation in this case. Also, there is the possibility that the Mental Health cost report reflected expenditures incurred by another county department. Since the mental health program is on a cost reimbursement basis, it is questionable as to whether expenditures of another County department would be reimbursable by the Medi-Cal Program. The Mental Health program cost report must be based on expenditures as shown on the mental health financial records.

We recommend that the County exercise due care in the preparation of the cost report and retain all records and documents utilized in the preparation of the Short-Doyle/Medi-Cal cost report for future audit purposes.

AUDITEE'S RESPONSE

The County's Financial Management Team was changed during Fiscal Year 2004-05 and the Mental Health Cost Transfer to Social Services was eliminated. It was a budget balancing technique that resulted in no additional claiming for Social Services. The Mental Health accounting records currently reflect only those costs incurred and paid by Mental Health for Mental Health Services Delivery System.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

**FINDING No. 6: UNSUPPORTED METHOD IN ALLOCATING SHORT-DOYLE /
MEDI-CAL ADMINISTRATIVE COST**

Adequate records were not available to support the County's allocation of Administrative Cost to SD/MC Administration and Non-SD/MC Administration. The County could not justify its method of allocation.

Due to poor internal procedures on record keeping, the audited administrative costs between SD/MC Administration and Non-SD/MC Administration were determined using the "gross cost method". Therefore, audited administrative costs were distributed based on the percentage of audited Medi-Cal costs per Form MH1968 to total audited mode costs shown on Form MH1964. This gross cost method is among the methods approved in the fiscal year 2002-03 cost report instructions.

County later submitted an email dated 7/24/07 from County Information Technology (IT) supporting the methodology used to allocate Administrative Cost is the percentage of unduplicated Medi-Cal recipients in the population served by the County. However, supporting documentation for the claimed 67% ratios used for allocation was not provided.

Per cost report instruction, the three allowable methodologies for allocation are:

1. Relative value based on units and published charges, or
2. The gross costs of each program, or
3. The percentage of Medi-Cal recipients in the population served by the county.

The Department's Statistical Unit report dated July 1, 1997, identified 63.62% Short-Doyle Medi-Cal Administrative ratio using the unduplicated client count method. This report was based on Client and Service Information (CSI) System the County submitted to the Department.

In comparing the actual amount of Short-Doyle Administrative costs using the two method: unduplicated client count versus the gross costs method, the latter method yielded a higher amount of Short-Doyle Administrative costs. Per discussion with the County, the gross cost method will be applied to the allocation of Administrative Cost in the absence of an approved allocation method.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

AUDIT AUTHORITY

- DMH Letter No: 94-01
- California Code Regulations, Title 9, Section 640;
- 42 Code of Federal Regulation (CFR) Section 413.24
- CMS Pub. 15-1, Section 2300

RECOMMENDATION

We recommend that the County exercise due care in the preparation of the cost report. All records utilized in the preparation of the Short-Doyle/Medi-Cal cost report must be properly kept and readily available for review.

AUDITEE'S RESPONSE

The County continues to prefer to use the unduplicated count method and will supply the DMH Auditors with adequate supporting documentation to claim using that basis.

FINDING No. 6: QUALITY ASSURANCE COSTS

The County's working paper furnished during the field review tied to the cost report identifying total utilization review (UR) costs of \$575,848. However, County submitted a revised working paper for a revised total utilization review costs of \$829,517. Based on additional documentation submitted by the County, total UR costs were corrected to total audited costs of \$887,136.

County's audited UR ratio of 64.55% was the Short-Doyle Medi-Cal (SD/MC) percentage used to determine the related Skilled Professional Medical Personnel (SPMP) costs and Other UR costs. The non SDM/C utilization review costs were distributed using the gross cost method.

In addition, the County stated that the County has no formal policy in place during the period of audit concerning the Quality Assurance policies and procedures.

AUDIT AUTHORITY:

- DMH Letter 94-09
- Fiscal Year 2002-03 Cost and Financial Reporting System (CFRS) Instruction Manual

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENTS COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003**

RECOMMENDATION:

We recommend that the County review the above-cited audit authorities and must ensure that all utilization review costs reported be properly supported and maintained.

AUDITEE'S RESPONSE:

The QA Unit is now fully staffed and the documentation and policies and procedures needed to support QA Cost claiming are in place.

AUDIT ADJUSTMENTS

Provider SOLANO COUNTY				Provider Number 00048	No. of Adj. 80	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	3	C	PAYMENTS TO CONTRACT PROVIDERS To adjust payment to contract providers to agree with the County's records. CMS PUB. 15-1 SEC. 2304	\$ (9,481,485)	\$ (877,203)	\$ (10,358,688)
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust CONREP cost to gree with County's general ledger. CMS PUB. 15-1 SEC. 2304	\$ 25,028,629	\$ (19,876)	\$ 25,008,753 *
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust Intra-Fund Transfer cost to agree with County's general ledger. CMS PUB. 15-1 SEC. 2304	** \$ 25,008,753	\$ (65,467)	\$ 24,943,286 *
4	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust A-87 costs to agree with the formally approved Countywide Cost allocation Plan report dated June 12, 2002. CMS PUB. 15-1 SEC. 2304, DMH letter 90-03	** \$ \$ 24,943,286	\$ 54,505	\$ 24,997,791 *
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust allowable costs in conjunction with adjustment number 1.	** \$ 24,997,791	\$ (\$877,203)	\$ \$24,120,588
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	80	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
6	MH 1960	9	3	SD/MC ADMINISTRATION	\$ 2,649,174	\$ (2,649,174)	\$ 0
7	MH 1960	10	3	HEALTHY FAMILIES ADMINISTRATION	4,500	(4,500)	0
8	MH 1960	11	3	NON SD/MC ADMINISTRATION	1,373,146	(1,373,146)	0
Info.	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS	<u>\$ 4,026,820</u>		<u>\$ 4,026,820 *</u>
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments are made to administrative costs below.			
9	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 113,583	\$ (113,583)	\$ 0
10	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW	265,901	(265,901)	0
11	MH 1960	15	3	NON-SD/MC UTILIZATION REVIEW	196,364	(196,364)	0
Info.	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS	<u>\$ 575,848</u>		<u>\$ 575,848 *</u>
				To eliminate the reported distribution of Utilization Review costs. Costs will be redistributed after adjustments to utilization review costs.			
12	MH 1960	12	3	TOTAL ADMINISTRATIVE COST	** \$ 4,026,820	\$ (65,467)	\$ 3,961,353 *
				To reflect adjustment number 3.			
13	MH 1960	12	3	TOTAL ADMINISTRATIVE COST	** \$ 3,961,353	\$ 54,505	\$ 4,015,858 *
				To reflect adjustment number 4.			
14	MH 1960	12	3	TOTAL ADMINISTRATIVE COST	** \$ 4,015,858	\$ (115,726)	\$ 3,900,132 *
15	MH 1960	16	4	TOTAL UTILIZATION REVIEW COSTS	** \$ 575,848	\$ 115,726	\$ 691,574 *
				To reclassify Information Technology (IT) Salaries and Benefits cost from Administrative Cost to Utilization Review Cost to agree with County's records.			
				CMS Pub 15-1, SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	80	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
16	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS	** \$ 691,574	\$ 195,562	\$ 887,136 *
17	MH 1960	18	3	TOTAL MODE COST	\$ 20,425,961	\$ (195,562)	\$ 20,230,399 *
				To adjust utilization review costs to agree with County's records.			
				CMS Pub 15-1, SEC. 2304			
18	MH 1960	12	3	TOTAL ADMINISTRATIVE COST	** \$ 3,900,132	\$ (72,963)	\$ 3,827,169 *
19	MH 1960	18	3	TOTAL MODE COST	** \$ 20,230,399	\$ 72,963	\$ 20,303,362 *
				To adjust Administrative cost to agree with County's records.			
				CMS Pub 15-1, SEC 2304			
20	MH 1960	12	3	TOTAL ADMINISTRATIVE COST	** \$ 3,827,169	\$ 8,743	\$ 3,835,912
21	MH 1960	18	3	TOTAL MODE COST	** \$ 20,303,362	\$ (8,743)	\$ 20,294,619 *
				To include meeting and training food cost to Administrative cost.			
22	MH 1960	9	3	SD/MC ADMINISTRATION	** \$ 0	\$ 2,209,657	\$ 2,209,657
23	MH 1960	10	3	HEALTHY FAMILIES ADMINISTRATION	** 0	19,222	19,222
24	MH 1960	11	3	NON SD/MC ADMINISTRATION	** 0	1,607,033	1,607,033
Info.	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS	** \$ <u>3,835,912</u>		\$ <u>3,835,912</u>
				To reallocate Total Administrative Costs among Medi-Cal, Healthy Families, and non-Medi-Cal based on percentage of audited Med-Cal costs per Form MH 1968 to total costs per Form MH 1964 in accordance with cost report instructions.			
				CMS PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	80	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED GROSS COST</u>			
25	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	** \$ 0	\$ 122,298	\$ 122,298
26	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW	** 0	450,365	450,365
27	MH 1960	15	3	NON-SD/MC UTILIZATION REVIEW	** 0	314,473	314,473
Info.	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS	** \$ <u>887,136</u>		\$ <u>887,136</u>
				To reallocate Total Utilization Review Costs among Skilled Professional Medical Personnel, Other Short Doyle Medi-cal Utilization Review, and non-Short-Doyle Medi-Cal Utilization Review per Form MH 1968 percentage of audited Medi-Cal costs per total costs per Form MH 1964 for proper cost finding.			
				CMS PUB. 15-1 SEC. 2300			
28	MH 1960	18	3	MODE COSTS	** \$ 20,294,619	\$ (897,079)	\$ 19,397,540
				To adjust mode costs to reflect adjustments numbers 1 and 2.			
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
29	MH 1964	4	A	DAY SERVICES (MODE 10)	\$ 1,912,556	\$ (211,028)	\$ 1,701,528
30	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 Program 1)	17,579,292	(2,035,844)	15,543,448
Info.	TOTAL			TOTAL	\$ <u>19,491,848</u>	\$ <u>(2,246,872)</u>	\$ <u>17,244,976</u> *
				To distribute audited Direct Services costs (Medi-Cal Modes) to Day Services and Outpatient Services using the Relative Value method method based on published charges.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SOLANO COUNTY				Provider Number 00048	No. of Adj. 80	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
31	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	\$ 934,113	\$ 1,005,963	\$ 1,940,076
32	MH 1964	9	A	MODE COSTS (DIRECT SERVICES AND MAA)	** \$ 17,244,976	\$ 1,005,963	\$ 18,250,939 *
				To include Food Cost, Transportation for Clients, Clothing/Pers SU-CLNT, Food For Indigent Clients, Support/Care of Persons cost as part of support services.			
33	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	\$ 0	\$ 196,093	\$ 196,093
34	MH 1964	9	A	MODE COSTS (DIRECT SERVICES AND MAA)	** \$ 18,250,939	\$ 196,093	\$ 18,447,032 *
				To include Mental Health Program Coordinator's salaries and benefits cost, Consumer Affairs Liaison salaries and benefits cost, and other outreach cost for proper cost finding.			
35	MH1966	3	B	ASO 15-01	\$ 935	\$ 14,901	\$ 15,836
36	MH1966	3	C	ASO 15-60	63	496	559
				TOTAL PROGRAM 2	\$ <u>998</u>	\$ <u>15,397</u>	\$ <u>16,395</u>
				To adjust the fee for service Phase II expenditures to agree with County records.			
				CMS PUB. 15-1 SEC. 2304			
37	MH 1960	18	3	MODE COSTS	** \$ 18,447,032	\$ 950,508	\$ 19,397,540
				To adjust mode cost to reflect adjustment numbers 28, 29, 30, 35, and 36.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	80	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS - COUNTY</u>			
38	MH 1966A	2	Total	TOTAL UNITS - MODE 10-25	3,748	44	3,792
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 10-85	8,514	0	8,514
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 10-95	674	0	674
39	MH 1966A	2	Total	TOTAL UNITS - MODE 15-01	795,761	460	796,221
40	MH 1966A	2	Total	TOTAL UNITS - MODE 15-10	4,920,703	7,606	4,928,309
41	MH 1966A	2	Total	TOTAL UNITS - MODE 15-60	782,173	150	782,323
42	MH 1966A	2	Total	TOTAL UNITS - MODE 15-70	421,979	240	422,219
43	MH 1966A	2	Total	TOTAL UNITS - MODE 15-01 ASO	425	6,489	6,914
44	MH 1966A	2	Total	TOTAL UNITS - MODE 15-60 ASO	15	117	132
Info.				TOTAL UNITS	<u>6,933,992</u>	<u>15,106</u>	<u>6,949,098</u>
				To adjust total units to agree with the county's records.			
				CMS PUB. 15-1 SEC.2304			
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
45	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	915,226	39,383	954,609
46	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS 51.40%	35,855	(8,460)	27,395
47	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	<u>951,081</u>	<u>30,923</u>	<u>982,004</u> *
48	MH 1966A	8A	Total	TOTAL MEDICAL UNITS 51.58%	3,312,623	65,208	3,377,831
49	MH 1966A	9A	Total	TOTAL MEDI/MEDI UNITS 51.58%	73,228	8,460	81,688
50	MH 1966A	8A+9A	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.58%	<u>3,385,851</u>	<u>73,668</u>	<u>3,459,519</u> *
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved claims. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SOLANO COUNTY				Provider Number 00048	No. of Adj. 80	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
51	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	982,005	(1,414)	980,591 *
52	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.58% **	3,459,519	(2,975)	3,456,544 *
53	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>4,441,524</u>	<u>(4,389)</u>	<u>4,437,135</u> *
				To adjust Medi-Cal and Medi/Medi units to agree with County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
Info.	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	980,591	0	980,591 *
Info.	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.58% **	3,456,544	0	3,456,544 *
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS **	<u>4,437,135</u>	<u>0</u>	<u>4,437,135</u> *
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
54	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40% **	980,591	(27,850)	952,741
55	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.58% **	3,456,544	(72,638)	3,383,906
56	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS **	<u>4,437,135</u>	<u>(100,488)</u>	<u>4,336,647</u>
				To identify Medi/Medi units for settlement purposes.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SOLANO COUNTY				Provider Number 00048	No. of Adj. 80	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
57	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/02-09/30/02	11,160	(1,660)	9,500 *
58	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/02-06/30/03	35,566	1,660	37,226 *
				To adjust Healthy Families units to agree with the State Department of Mental Health Summary of Approved claims.			
Info.	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/02-09/30/02 **	9,500	0	9,500
Info.	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/02-06/30/03 **	37,226	0	37,226
				To adjust Healthy Families units to agree with Provider's records.			
				CMS PUB. 15-1 SEC.2304			
59	MH 1978	8	F	EFFECTIVE SD/MC FFP %	51.66%	-0.08%	51.58%
				To adjust the FFP Ratio to reflect adjustment number 43 through 51.			
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
60	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	628,943	116	629,059
Info.	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS 51.40%	0	0	0
61	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	628,943	116	629,059 *
62	MH 1966A	8A	Total	TOTAL MEDICAL UNITS 51.58%	1,844,823	2,251	1,847,074
Info.	MH 1966A	9A	Total	TOTAL MEDI/MEDI UNITS 51.58%	0	0	0
63	MH 1966A	8A+9A	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.58%	1,844,823	2,251	1,847,074 *
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved claims. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	80	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
64	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	629,059	15	629,074 *
65	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.58% **	1,847,074	(1,401)	1,845,673 *
66	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>2,476,133</u>	<u>(1,386)</u>	<u>2,474,747</u>
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
67	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	629,074	(7,505)	621,569 *
68	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.58% **	1,845,673	1,187	1,846,860 *
69	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>2,474,747</u>	<u>(6,318)</u>	<u>2,468,429</u>
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
Info.	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40% **	621,569	0	621,569
70	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.58% **	1,846,860	(900)	1,845,960
71	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS	<u>2,468,429</u>	<u>(900)</u>	<u>2,467,529</u>
				To identify Medi/Medi units for settlement purposes.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SOLANO COUNTY				Provider Number 00048	No. of Adj. 80	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY</u>			
72	MH 1968	28	TOTAL	PATIENT AND OTHER PAYOR REVENUES (07/01/02 - 09/30/02)	\$ 0	\$ 21,260	\$ 21,260
73	MH 1968	28A	TOTAL	PATIENT AND OTHER PAYOR REVENUES (10/01/02 - 06/30/03)	\$ 0	\$ 59,915	\$ 59,915
				To adjust patient and other payor revenues to agree with County records.			
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
74	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB	\$ 6,084,921	\$ (316,533)	\$ 5,768,388
				To adjust the outpatient Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the costs and the SD/MC units of service/time.			
75	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 7,788,674	\$ (645,781)	\$ 7,142,893
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
76	MH 1979	25	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY	\$ 73,902	\$ (4,078)	\$ 69,824
				To adjust Total HEALTHY FAMILIES Reimbursement (FFP) due to the adjustments to reported costs and units.			
77	MH 1979	25	J	TOTAL SD/MC AND HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY	\$ 7,862,576	\$ (649,859)	\$ 7,212,717 *
				To adjust SD/MC and Healthy Families in conjunction with adjustment numbers 67 and 68.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SOLANO COUNTY					Provider Number 00048	No. of Adj. 80	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.					
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>				
78	SCH 1			TOTAL SD/MC REIMBURSEMENT ** \$ 7,212,717 To adjust Total SD/MC Reimbursement for contract providers as a result of adjustments to SD/MC costs and units. Per Final Settlement \$ 3,128,793 Adjustment (265,628) Per Audit \$ 2,863,165	\$ 7,212,717	\$ 2,863,165	\$ 10,075,882 *	
79	SCH 1			TOTAL HEALTHY FAMILIES REIMBURSEMENT ** \$ 10,075,882 To adjust Total Healthy Family Reimbursement for contract providers as a result of adjustments to SD/MC units. Per Final Settlement \$ 1,034 Adjustment (23) Per Audit \$ 1,011	\$ 10,075,882	\$ 1,011	\$ 10,076,893	
80	SCH 4	10		EPSDT -SGF \$ 3,833,231 To adjust the final settlement under EPSDT program to reflect the adjustments make to costs and units of service/time.	\$ 3,833,231	\$ (325,869)	\$ 3,507,362	
* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: SOLANO COUNTY
County Code: 48

Legal Entity: SOLANO COUNTY		A	B	C
Legal Entity Number: 00048		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	17,367,066	19,715,716	37,082,782
2	Encumbrances		1,090	1,090
3	Less: Payments to Contract Providers (County Only)		(10,358,688)	(10,358,688)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	17,367,066	9,358,118	26,725,184
6	Medi-Cal Adjustments from MH 1961			(2,604,596)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			24,120,588
	Administrative Costs (County Only)			
9	SD/MC Administration			2,209,657
10	Healthy Families Administration			19,222
11	Non-SD/MC Administration			1,607,033
12	Total Administrative Costs			3,835,912
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			122,298
14	Other SD/MC Utilization Review			450,365
15	Non-SD/MC Utilization Review			314,473
16	Total Utilization Review Costs			887,136
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			19,397,540
19	Total Costs - Lines 9 through 18			24,120,588

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (10/04)

Fiscal Year 2002-2003

County: SOLANO COUNTY
County Code: 48

Legal Entity: SOLANO COUNTY		A	B	C
Legal Entity Number: 00048		Salaries and Benefits	Other	Total Adjustments
1	CONREP PROGRAM (BU7743)	(352,878)	(115,581)	(468,459)
2	DEPRECIATION		51,282	51,282
3	STATE HOSPITAL COSTS (BU 7702)		(1,093,901)	(1,093,901)
4	COST REPORT PAY BACKS		(2,149,873)	(2,149,873)
5	TELECARE PHF		(52,379)	(52,379)
6	DIFFERENCE BETWEEN INTRA FUND TRANSFER		1,139,572	1,139,572
7	OUT AND IN ACT# 7010 FOR BU 7700 AND BU 7701			
8				
9	Adjustments:			
10	To adjust CONREP Program		(19,876)	(19,876)
11	To adjust Intra fund transfer		(65,467)	(65,467)
12	To include A-87 Admin Cost		54,505	54,505
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments	(352,878)	(2,251,718)	(2,604,596)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SOLANO COUNTY
County Code: 48

Legal Entity: SOLANO COUNTY		A
Legal Entity Number: 00048		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	19,397,540
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	1,701,528
5	Outpatient Services (Mode 15 Program 1 + Program 2)	15,559,843
6	Outreach Services (Mode 45)	196,093
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	1,940,076
9	Total - Lines 2 through 8	19,397,540

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SOLANO COUNTY

County Code: 48

County Code: 48			CR	CR	CR			
Legal Entity: SOLANO COUNTY			A	B	C	D	E	F
Legal Entity Number: 00048				Service	Service	Service	Service	Service
Mode: 10 - Day Services			Mode Total	Function	Function	Function	Function	Function
				25	85	95		
1	Allocation Percentage		100.00%	16.52%	79.41%	4.08%		
2	Total Units			3,792	8,514	674		
3	Gross Cost		1,701,528	281,034	1,351,149	69,345		
4	Cost per Unit			74.11	158.70	102.89		
5	SMA per Unit			82.94	177.60	115.14		
6	Published Charge per Unit			82.94	177.60	115.14		
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02		483	1,204	534		
8A		10/01/02 - 06/30/03		1,836	4,421			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			1,473	2,889	140		
13	Medi-Cal Costs	07/01/02 - 09/30/02	281,809	35,796	191,072	54,941		
13A		10/01/02 - 06/30/03	837,671	136,070	701,601			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	315,375	40,060	213,830	61,485		
14A		10/01/02 - 06/30/03	937,447	152,278	785,170			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	315,375	40,060	213,830	61,485		
15A		10/01/02 - 06/30/03	937,447	152,278	785,170			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		582,048	109,168	458,477	14,404		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SOLANO COUNTY		CR		CR		CR		CR			
County Code: 48											
Legal Entity: SOLANO COUNTY		A		B		C		D		E	
Legal Entity Number: 00048				Service		Service		Service		Service	
Mode: 15 - Outpatient (Program 1)		Mode Total		Function		Function		Function		Function	
				01		10		60		70	
1	Allocation Percentage	100.00%		8.10%		64.60%		19.02%		8.28%	
2	Total Units			796,221		4,928,309		782,323		422,219	
3	Gross Cost	15,543,448		1,259,313		10,040,596		2,957,013		1,286,527	
4	Cost per Unit			1.58		2.04		3.78		3.05	
5	SMA per Unit			1.77		2.28		4.23		3.41	
6	Published Charge per Unit			1.77		2.28		4.23		3.41	
7	Negotiated Rate / Cost per Unit										
8	Medi-Cal Units	07/01/02 - 09/30/02		89,182		699,496		105,352		56,489	
8A		10/01/02 - 06/30/03		298,303		2,563,677		345,441		170,228	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				210		26,490		1,150	
9A		10/01/02 - 06/30/03				5,418		64,725		2,495	
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02				320					
10A		10/01/02 - 06/30/03				14,705		180			
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03									
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		60		8,960		480			
11A		10/01/02 - 06/30/03		105		36,406		715			
12	Non-Medi-Cal Units			408,571		1,599,117		238,940		191,857	
13	Medi-Cal Costs	07/01/02 - 09/30/02		2,136,489		141,051		1,425,105		398,208	
13A		10/01/02 - 06/30/03		7,519,246		471,800		5,223,058		1,305,693	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02		2,390,969		157,852		1,594,851		445,639	
14A		10/01/02 - 06/30/03		8,414,873		527,996		5,845,184		1,461,215	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02		2,390,969		157,852		1,594,851		445,639	
15A		10/01/02 - 06/30/03		8,414,873		527,996		5,845,184		1,461,215	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02									
16A		10/01/02 - 06/30/03									
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02		104,058				428		100,127	
17A		10/01/02 - 06/30/03		263,287				11,038		244,647	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02		116,453				479		112,053	
18A		10/01/02 - 06/30/03		294,648				12,353		273,787	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02		116,453				479		112,053	
19A		10/01/02 - 06/30/03		294,648				12,353		273,787	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02									
20A		10/01/02 - 06/30/03									
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02		652				652			
21A		10/01/02 - 06/30/03		30,639				29,959		680	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02		730				730			
22A		10/01/02 - 06/30/03		34,289				33,527		761	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02		730				730			
23A		10/01/02 - 06/30/03		34,289				33,527		761	
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02									
24A		10/01/02 - 06/30/03									
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03									
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03									
29	Healthy Families Costs	07/01/02 - 09/30/02		20,164		95		18,254		1,814	
29A		10/01/02 - 06/30/03		77,040		166		74,171		2,703	
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02		22,565		106		20,429		2,030	
30A		10/01/02 - 06/30/03		86,216		186		83,006		3,024	
31	Healthy Families Published Charges	07/01/02 - 09/30/02		22,565		106		20,429		2,030	
31A		10/01/02 - 06/30/03		86,216		186		83,006		3,024	
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02									
32A		10/01/02 - 06/30/03									
33	Non-Medi-Cal Costs			5,391,873		646,201		3,257,930		903,142	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: SOLANO COUNTY
County Code: 48

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Legal Entity: SOLANO COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00048			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				10	60				
1	Allocation Percentage		100.00%	96.59%	3.41%				
2	Total Units			6,946	132				
3	Gross Cost		16,395	15,836	559				
4	Cost per Unit			2.28	4.23				
5	SMA per Unit			2.28	4.23				
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02			1				
8A		10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			6,946	131				
13	Medi-Cal Costs	07/01/02 - 09/30/02	4		4				
13A		10/01/02 - 06/30/03							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	4		4				
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		16,391	15,836	555				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SOLANO COUNTY
County Code: 48

CR

Legal Entity: SOLANO COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00048		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		1					
3	Gross Cost	196,093	196,093					
4	Cost per Unit		196,093.00					
5	Non-Medi-Cal Units		1					
6	Non-Medi-Cal Costs	196,093	196,093					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SOLANO COUNTY
County Code: 48

CR

Legal Entity: SOLANO COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00048		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			60					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		562,013					
3	Gross Cost	1,940,076	1,940,076					
4	Cost per Unit		3.45					
5	Non-Medi-Cal Units (Same as Line 2)		562,013					
6	Non-Medi-Cal Costs (Same as Line 3)	1,940,076	1,940,076					

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (10/04)

Fiscal Year 2002-2003

County: SOLANO COUNTY County Code: 48 Legal Entity: SOLANO COUNTY Legal Entity Number: 00048			REIMBURSEMENT TYPE				PC	Costs			Costs	
			A	B	C	D	E	F	G	H	I	K
			S.F.'s 01-09	Mode 55 S.F.'s 11-19, 31-39	S.F.'s 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02							281,809	2,136,489	2,418,298	2,418,302
1A		10/01/02 - 06/30/03							837,671	7,519,246	8,356,917	8,356,917
2	Medi-Cal SMA	07/01/02 - 09/30/02							315,375	2,390,969	2,706,345	2,706,349
2A		10/01/02 - 06/30/03							937,447	8,414,873	9,352,320	9,352,320
3	Medi-Cal P. C.	07/01/02 - 09/30/02							315,375	2,390,969	2,706,345	2,706,345
3A		10/01/02 - 06/30/03							937,447	8,414,873	9,352,320	9,352,320
4	Medi-Cal N. R.	07/01/02 - 09/30/02										
4A		10/01/02 - 06/30/03										
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							281,809	2,136,489	2,418,298	2,418,302
5A		10/01/02 - 06/30/03							837,671	7,519,246	8,356,917	8,356,917
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								104,058	104,058	104,058
6A		10/01/02 - 06/30/03								263,287	263,287	263,287
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								116,453	116,453	116,453
7A		10/01/02 - 06/30/03								294,648	294,648	294,648
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								116,453	116,453	116,453
8A		10/01/02 - 06/30/03								294,648	294,648	294,648
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02										
9A		10/01/02 - 06/30/03										
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								104,058	104,058	104,058
10A		10/01/02 - 06/30/03								263,287	263,287	263,287
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							281,809	2,240,548	2,522,356	2,522,361
11A		10/01/02 - 06/30/03							837,671	7,782,533	8,620,204	8,620,204
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								652	652	652
12A		10/01/02 - 06/30/03								30,639	30,639	30,639
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								730	730	730
13A		10/01/02 - 06/30/03								34,289	34,289	34,289
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								730	730	730
14A		10/01/02 - 06/30/03								34,289	34,289	34,289
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02										
15A		10/01/02 - 06/30/03										
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								652	652	652
16A		10/01/02 - 06/30/03								30,639	30,639	30,639
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03										
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03										
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03										
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03										
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							281,809	2,241,200	2,523,008	2,523,013
21A	(Excludes Refugees)	10/01/02 - 06/30/03							837,671	7,813,172	8,650,843	8,650,843
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03										
23	Healthy Families Cost	07/01/02 - 09/30/02								20,164	20,164	20,164
23A		10/01/02 - 06/30/03								77,040	77,040	77,040
24	Healthy Families SMA	07/01/02 - 09/30/02								22,565	22,565	22,565
24A		10/01/02 - 06/30/03								86,216	86,216	86,216
25	Healthy Families P. C.	07/01/02 - 09/30/02								22,565	22,565	22,565
25A		10/01/02 - 06/30/03								86,216	86,216	86,216
26	Healthy Families N. R.	07/01/02 - 09/30/02										
26A		10/01/02 - 06/30/03										
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02								20,164	20,164	20,164
27A		10/01/02 - 06/30/03								77,040	77,040	77,040
Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02								21,260	21,260	21,260
28A		10/01/02 - 06/30/03								59,915	59,915	59,915
29	Enhanced SD/MC (Children) Revenues											
30	Enhanced SD/MC (Refugees) Revenues											
31	Healthy Families Revenues											
32	Total Expenditures from MAA (Mode 55)											
33	Medi-Cal Eligibility Factor (Average)											
34	Revenue - MAA											
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02							281,809	2,219,940	2,501,748	2,501,752
35A		10/01/02 - 06/30/03							837,671	7,753,257	8,590,928	8,590,928
36	Net Due - Enhanced SD/MC (Refugees)											
37	Net Due - Healthy Families	07/01/02 - 09/30/02								20,164	20,164	20,164
37A		10/01/02 - 06/30/03								77,040	77,040	77,040
Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02										
38A		10/01/02 - 06/30/03										
39	Enhanced SD/MC (Refugees)											
40	Healthy Families	07/01/02 - 09/30/02										
40A		10/01/02 - 06/30/03										

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: SOLANO COUNTY
County Code: 48

Legal Entity: SOLANO COUNTY

Legal Entity Number: 00048		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	281,809	837,671	144,850	430,782		
4	15 - Outpatient (Program 1)	2,219,288	7,722,618	1,140,714	3,984,466		
5	15 - Outpatient (Program 2)	4		2			
6	Totals	2,501,100	8,560,289	1,285,566	4,415,247		
7	Totals from MH1979	2,501,100	8,560,289	1,285,566	4,415,247		
8	Effective SD/MC FFP %					51.40%	51.58%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SOLANO COUNTY County Code: 48							FFP % Source: MH1978 E8	FFP % Source: MH1978 F8			
Legal Entity: SOLANO COUNTY Legal Entity Number: 00048		A	B	C	D	E	F	G	H	I	J
		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.58% FFP	Variable % FFP	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			11,173,856	11,173,856						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			5,768,388	5,768,388						
3	Total Medi-Cal Direct Service Gross Reimbursement				16,942,244						
4	Medi-Cal Administrative Reimbursement Limit				2,541,337						
5	Medi-Cal Administration				2,209,657						
6	Medi-Cal Administrative Reimbursement				2,209,657	1,104,829					1,104,829
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			98,759	98,759						
8	Healthy Families Administrative Reimbursement Limit				9,876						
9	Healthy Families Administration				19,222						
10	Healthy Families Administrative Reimbursement				9,876				6,444		6,444
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				122,298					91,724	91,724
15	Other SD/MC Utilization Review (County Only)				450,365	225,183					225,183
16	SD/MC Net Reimbursement for Direct Services			2,501,100	2,501,100		1,285,566				1,285,566
16A				8,560,289	8,560,289			4,415,247			4,415,247
17	Enhanced SD/MC Net Reimb. (Children)			652	652				430		430
17A				30,639	30,639				19,916		19,916
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										7,142,893
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										7,142,893
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										7,142,893
24	Healthy Families Net Reimbursement			20,164	20,164				13,304		13,304
24A				77,040	77,040				50,076		50,076
25	Total Healthy Families Reimbursement Before Excess FFP										69,824
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										69,824